

EDITORIAL

Pharmaceutical Advertising

SENATOR KEFAUVER of Tennessee, a veteran campaigner, has been making headlines in Washington recently with his investigation into the cost and the advertising of pharmaceuticals. Even in the face of TV payola investigations and inter-service conflicts over the assignment of tax billions for ballistic missiles or other weapons of destruction, the coonskin-capped Tennessean has taken the spotlight at the moment.

News reports and interpretive writings suggest that the senator has two principal complaints against the drug industry. One, that the price of drugs is needlessly high. Two, that the producing or marketing companies spend too much money advertising their products. The second item could well be interpreted as contributing to the first, with the implication that the public is being overcharged for essential products.

Mr. Kefauver's criticisms could lead to endless debates over the economics of advertising. Critics of this form of promoting sales suggest that the price of goods or services could be reduced if the expense of advertising did not have to be recovered in the ultimate sales price. On the other side, those who defend advertising make their case on the fact that advertising broadens the sales market and thus permits greater production at lower unit costs and, subsequently, lower sales prices to the public.

While the pharmaceutical industry may not fit exactly into the textbook pattern of economics, it is certainly affected by the volume of its sales and by its unit costs of production and sales alike. Obviously, full production of any drug item will permit all possible economies in costs, will provide a greater turnover of stocks with consequent financial return on the invested capital, and will lead to the possibility of decreasing prices which must eventually be paid by the public.

The variations of the industry from the economic norm come in the volume of research work which

must be performed in order to produce new pharmaceutical items and in the sudden and unpredictable obsolescence of some products. It is easily possible for a firm to spend years of time and millions in money on a research project, only to have its work nullified overnight when a competitor announces something a little better a little sooner.

No brief need be made here for the pharmaceutical industry. The leaders in this field have been established for a number of years and have built their own reputations for honesty, integrity and service. When they advertise, their objective is just as much to keep the corporate name before the eyes of physicians as to promote a particular product in their line.

Neither need a stand be taken in behalf of the institution of advertising. The nation knows the story of William Wrigley, Jr., who amassed a fortune by selling five-cent packages of chewing gum and who advertised lavishly on the simple premise that if he stopped the public would soon forget the Wrigley name.

What the public is interested in—and the medical profession as the guardian of the public health—is the adequacy and the accuracy of pharmaceutical advertising. If Senator Kefauver would restrict his investigation to this facet of the matter, he would gain unlimited professional medical support.

A drug company, be it a large established firm or one of the numerous satellites that bask in the enthusiasm of the moment for a spectacular new product, should be expected to tell the truth about its products. This is especially true when drugs are presented to as critical and well-trained an audience as a group of physicians.

Advertising by its very nature is selling. And selling is inclined to expound on the good and submerge the bad. When this happens with a drug item, we can expect to be told what a new drug will accomplish and to be kept in the dark as to what side effects it may produce or what the contraindications are for its use. Granted that the New Drug Applica-

tion of the Food and Drug Administration and the literature packaged with the product itself cover these points, isn't there always a doctor somewhere with a problem case which has defied conventional treatment who may jump at the chance to effect a cure with something new which is played up as the answer to his prayer?

It is because of just such circumstances that publishers of medical journals have had to take a close look at pharmaceutical advertising in recent years. They welcome the advertising for its financial support; at the same time, they properly value the need for carefully screening it for the benefit of their readers.

This journal is probably more fortunate than many others in that it has maintained an active advertising committee for the past 14 years and has dealt first-hand with the problems emanating from a growing, ambitious and competitive industry. The fundamental requirements of this committee have consistently been that (1) the advertiser give complete information about his product, including formula, contraindications and cautions, and (2) that adequate scientific data be presented to justify the claims made for the product.

Strict adherence to these requirements can, and sometimes does, cause the loss of advertising pages where the advertiser is either unable or unwilling to meet the committee's requirements. When this happens, it is especially disheartening to the committee members to see other reputable medical publications accept the copy which has been rejected here.

Within the past few weeks the American Medical Association has come to grips with this problem and

has produced a set of rules and standards which may well become nationwide in scope. The rules state plainly what will be required for the acceptance of advertising copy. They set forth the types of copy which are unacceptable in any circumstances (alcoholic beverages, tobacco, etc.) and they detail the type of supporting material which advertisers may be called upon to supply for favorable consideration of their offerings.

Particularly outstanding in these standards is the emphasis on the *quality* of scientific research which has gone into a product, in contrast with the *quantity* of such work. This requirement, if enforced, will eliminate some claims which are made on "a series of five cases" or comparable investigations.

The medical publisher must welcome new drug products, new uses for old products and new combinations which provide pharmaceuticals for use in additional therapy. These are in line with the rapid strides in the pharmaceutical field of today and are of value to the practicing physician in keeping up with modern therapy. At the same time, the publisher must look to his position of leadership among his readers and must safeguard their interests.

It is hoped that the American Medical Association will apply its new advertising standards with fairness, impartiality and firmness. If this is done, a new standard of excellence in pharmaceutical advertising will be established across the country, a standard which will be known and acceptable to all concerned—publishers, advertisers and advertising agencies. The ultimate beneficiaries will, of course, be the American people.

Letters to the Editor...

The Podiatrist and Medicine

PODIATRY serves the health needs in a specialized field; it has joined medicine and dentistry to bring better health to more people.

A little more than twenty years ago in the *Journal of the American Medical Association*, April 8, 1939, a report of its Judicial Council inferred that the profession of podiatry has much to offer to "medical practice in a limited field."

The San Francisco Medical Society stated, "Podiatry has become identified as an integral part of Medicine and Surgery in a specialized field."

Because Medicine, individually and collectively through its organizations, has long been a guardian of the nation's health and because of our deep interest in the nation's foot health, the American Podiatry Association shall continue to maintain and

expand intimate and cordial liaison with medical and related health organizations to further foster mutual understanding.

At a joint conference of the American Medical Association and the American Podiatry Association officials two years ago, arranged by President Allman of the American Medical Association, the field representative of the American Medical Association, Mr. Thomas Hendricks, stressed the importance of acquainting medicine with modern podiatry-chiropractic through liaison on the state association level.

In the State of California these past few years the liaison between California Medicine and Podiatry has progressed satisfactorily. In 1957 through the cooperation and advice of medicine a Chiropractic Examining Committee within the State Board of Medical Examiners became a reality. The By-